

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-899

NO.	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT		NO.	AS FILED		AFTER AMENDMENT		NO.
	INC	DEF	INC	DEF	INC	DEF		INC	DEF	INC	DEF	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL NO.	6						TOTAL NO.					
TOTAL DEF	3.2						TOTAL DEF					
TOTAL AM	4.4						TOTAL AM					